

## **MINUTES**

Wednesday, February 8, 2006

### State Planning Project for the Uninsured Advisory Council Meeting

Michigan Manufacturers Association  
620 S. Capitol Avenue  
Lansing, Michigan 48901

**Members Present:** Elaine Beane, Michigan Public Health Institute (ex-officio member); Jan Christensen, MDCH; Paul Duguay, Michigan Association of Health Plans; Rob Fowler, Small Business Association of Michigan; Larry Horwitz, Economic Alliance; Mary Ellen Howard, Free Clinics of Michigan; Jan Hudson, Michigan League for Human Services; Kevin Kelly, Michigan State Medical Society; Marjorie Mitchell, MI Universal Health Care Action Network; Joan Moiles, Department of Labor and Economic Growth; Colette Scrimger, Access toCare Community Coalition;; Amy Shaw, Michigan Manufacturer's Association; Kim Sibilsky, Michigan Primary Care Association; Kimberly Singh, Michigan Association for Local Public Health; Wendell Stone, SEIU; Pam Yager, Office of the Governor.

**Alternates Present:** Ben Bodkin, Michigan Association of Counties for Tim McGuire; David Green, MI Universal Health Care Action Network; Bob Stampfly, MSU Institute for Health Care Studies for Denise Holmes; Ed Wolking, Jr., Detroit Regional Chamber for Sebastian Wade; Lynda Zeller, Alliance for Health for Lody Zwarenstyn, Hollis Turnham, AARP, for Steve Gools

**Members Absent:** Chris Allen, Detroit-Wayne County Health Authority; Vernice Davis Anthony, Greater Detroit Area Health Council; William Black, Michigan Teamsters Joint Council #43; Debra Brinson, School-Community Health Alliance Martin Dodge, Kalamazoo Regional Chamber of Commerce; Spencer Johnson, Michigan Health & Hospital Association; Beverley McDonald, Michigan Consumer Health Care Coalition; Kevin Seitz, Blue Cross Blue Shield of Michigan Susan Sevensma, Michigan Osteopathic Association; Stephen Skorcz, Greater Flint Health Coalition.

**Others Present:** Dave Cluley, Michigan Association of Health Underwriters; Jackie Doig, Center for Civil Justice; Eileen Ellis, Health Management Associates; Jeff Fortenbacher, Access Health; Del Malloch, Jackson Health Plan Corp-3-Share; Michelle Munson-McCorry, Complete Compassionate Care; Bruce Miller, Northern Health Plan; Valerie Przywara; Vic Sztengel, Wexford Mercy PHO; Charissa Shawcross, SEIU

**MDCH Staff:** Lonnie Barnett, Ken Miller, Angela Awrey, Umbrin Ateequi, Ellen Speckman-Randall

- I. **Welcome and Introductions:** Co-chairperson Jan Christensen called the meeting to order and welcomed all attendees. Introductions were made around the room.
- II. **Approval of Agenda:** The agenda was approved by consensus.
- III. **Approval of January 18<sup>th</sup> Minutes:** Larry Horwitz proposed clarifications to several of the motions in the draft minutes. The amended minutes were approved by consensus.
- IV. **Over-arching Statement of Support for 100% Health Insurance Coverage for Michigan Residents (handout): Review and Discussion:** Jan Christensen indicated that this document was intended as a summation and explanation of Advisory Council motions from the previous meeting. Larry Horwitz proposed reviewing this document at the next meeting after changes have been made reflecting the amended motions.

There was much discussion regarding how the proposed Health Care Cost council should be configured. It was agreed that the Council needs to be staffed and funding should be sought from either the federal government, Medicaid administrative dollars, and/or foundations to ensure

continuity of the council. It should be non-partisan, independent, non-profit, have all stakeholders represented, perhaps similar to the Congressional Budget Office and be staffed to ensure continuity. (Kellogg, Mott or Council of Community Foundations may be interested in funding such an endeavor.) The council should look at cost, access and quality issues. It was noted that the Advisory Council should ensure that its recommendations are backed up in the business/project plan and that the business/project plan must be part of the larger plan to look at health care cost, access and quality.

It was agreed that a workgroup consisting of Larry Horwitz, Rob Fowler and Lynda Zeller would work on the language to further delineate the motions that were passed at the January 18<sup>th</sup> meeting, so it could be finalized for the February 22 meeting.

- V. **Michigan First Healthcare Plan: Presentation and Discussion:** Jan Christensen presented the Governor's Michigan First plan to the Advisory Council, sharing with them a power point presentation that Janet Olszewski had used in her presentation to the legislative appropriations committee.

It was requested that the data sources for the power point presentation be documented and shared. It was also requested that additional information be provided about what factors have driven the increase in the Medicaid caseload, why the federal government might be interested in supporting this waiver request, where the state match money comes from and what are the implications of using those funds, how likely is Michigan to be granted this waiver, what are the risks and benefits of the Michigan First Plan, and how will Michigan First impact access to care for the current Medicaid population. It was noted that this information may not be ready for the next meeting, but will be shared at an upcoming meeting.

- VI. **Distribution of January 18<sup>th</sup> Advisory Council Comments:**  
Ed Wolking asked if the comments made at the January 18<sup>th</sup> Advisory Council and recorded on screen could be sent to Council members. Jan Christensen asked the council for their opinion. Those present agreed that disseminating the comments to Advisory Council members met with their approval, as long as they weren't distributed electronically or shared outside the Council's membership. Jan Christensen indicated that he would check with members who were absent to make sure they agreed with this decision.
- VII. **Review and Discussion of Other Actions and Requested Materials from Previous Meeting:**  
Ellen Speckman-Randall introduced each document and asked the Advisory Council to review them.
- a. Impact of Not Covering all Michigan Residents (handout) – Council members indicated that they would like this to be made into a one-page document that could be used for public education purposes.
  - b. On-going Implementation Structure, perhaps a commission (see handout about Pennsylvania's cost containment council, as requested)
  - c. Update on Michigan's Safety Net (handout)
  - d. Table of Contents (updated to include information agreed upon at the last meeting)
- VIII. **Discussion – Given our areas of agreement and the information the Advisory Council requested at the January 18<sup>th</sup> meeting and which staff provided:**
- a. What further areas of agreement can we find?
  - b. Are we moving closer to a continuum of expansion plans that will eventually extend health insurance to all Michigan residents?

- c. How can we insure that our plan is implemented?
- d. Michigan First is a work in progress – how can we build bridges to this initiative and provide input into its implementation?

Members discussed their areas of agreement. Many felt that we need a business/project plan. It was felt that a Health Care Cost Council to continue the work of the current Council would be helpful. Many thought that if the new council were not linked to government, it might be better able to continue its activities over time without being subject to changes in administrations or the legislature. Council members felt that long-term planning, without starts and stops due to political events would be most advantageous since it could focus on issues of uninsurance, cost containment, quality and access. Jan Christensen added that having a body made up of multiple organizations across the state that have a stake in the issues and can talk about solutions would be advantageous. Several members supported creation of an on-going body that would identify problems, propose short-and long-term solutions, and develop a business plan detailing the steps necessary to implement solutions meeting their strategic objectives. Such an on-going body would conduct an annual environmental scan to ensure their plans were still on track, given on-going changes in the Michigan's political and financial environments. Considerable support appears to exist among members for such a bipartisan body representative of Michigan's health care stakeholders. Such a body should have the resources and energy necessary to move forward with their recommendations regarding cost containment, quality and access. Jan Christensen indicated that he would discuss this idea with Director Olszewski, and that staff would develop a 1 to 2 page concept paper on the Health Care Cost Council, for discussion at an upcoming meeting.

Lonnie Barnett reminded the group that the March 15<sup>th</sup> date for preliminary recommendations has been suggested so that the recommendations can be finalized in time for Cover the Uninsured Week the first week of May. Some members expressed concern regarding the March 15<sup>th</sup> date, and that if more time is needed, it would be better to take the necessary time rather than present a product that is not yet complete.

Larry Horwitz proposed further delineating the motions from the January 18<sup>th</sup> meeting to include reference to developing a business/project plan, a spreadsheet of financial information, and a plan for forums around the state to educate the public about how uninsurance impacts us individually and collectively. He also recommended creation of an on-going state health council to coordinate implementation of the Advisory Council's recommendations and to look at issues of cost containment, access, quality, and patient safety. Rob Fowler added that the state health council should be self-perpetuating and self-governing, that is to say it should be bipartisan, independent, non-profit, etc. Larry Horwitz proposed that Rob Fowler, Larry Horwitz, and Lynda Zeller work with the staff after this meeting to clarify the language of the motion. The motions are:

1. The Advisory Council supports 100% health insurance coverage for Michigan residents. To assure an informed public necessary for action towards this objective, we recommend that the State launch a public education initiative to inform residents of the nature, severity and impact of Michigan having somewhere between 800,000 and 1.1 million of its residents without health insurance. This educational initiative should center around the ramifications of uninsurance such as:
  - Increased health care problems for those without insurance since they do not receive timely and adequate access to health care services;
  - Cost shifting to purchasers of health insurance -- employers, individuals and tax-funded public programs – which compounds the serious health cost problems facing Michigan employers and consumers;
  - Reduced competitiveness for all Michigan employers, but especially smaller businesses and those who compete in the international arena;

- Financial endangerment of Michigan hospitals and other safety net providers.
2. Staff is instructed to bring back detailed information regarding the proposed Medicaid waiver to secure federal funding for health insurance for many of those somewhat above current Medicaid income eligibility maximum levels. MDCH staff should develop a briefing paper on possible sources of funding, populations to be covered and expected costs. The report should also cover the adequacy of provider rates for health care providers who serve current Medicaid recipients.
  3. A phased-in project/business plan shall be developed for covering the uninsured,
    - Each phase shall include number of uninsured to be covered, timeline, sources of revenue (state and federal) expected costs or outlays, remaining number of uninsured yet to be covered
    - The business/project plan shall incorporate the recommendations of the Advisory Council
    - The business/project plan shall be part of a larger plan whose objectives are dramatic, consistent improvements in cost, quality and access
  4. The Advisory Council supports creation of a State Health Council, which will look at the inextricably intertwined issues of cost containment, access and quality of health care.

The Health Council should be non-partisan, independent of state government, and non-profit. It should include representation from all Michigan stakeholders, and be staffed sufficiently to insure its continuity. Given these characteristics, the Health Council should function as a long-term advisor to policy makers from both parties. Those implementing the State Health Council should seek funding from foundation sources, preferably blended funding from a consortium of foundations.

5. We recommend that a priority concern of the ongoing State Health Council should be the strengthening of safety net provider services.

Jan proposed that all attendees be given the opportunity to make statements about areas of consensus or concern related to information they received during the meeting.

**Around the table:** It was reiterated that more information about the proposed Medicaid waiver is needed. It was requested that information on the uninsured population to be covered with each proposed expansion effort be presented in a chart format, including information on those that are currently eligible but not enrolled in Medicaid. Some members expressed uncertainty regarding the direction of the group.

Jan Christensen indicated that the Models Development Workgroup is close to completing its task and will have their recommendations ready for the next meeting. Michigan First will be a critical component of covering the uninsured in Michigan, but there is still a need for implementation policy. Conducting additional forums around the state makes sense, since we need to continue the dialogue with the citizens of the state.

Some members are concerned with the March 15<sup>th</sup> deadline and believe that it should be extended. A couple of members expressed interest in better understanding how Michigan First will fit with the Advisory Council's charge to develop a plan for 100% coverage. Some members indicated that they are quite pleased with both the dialogue around the table from the various stakeholders and the commitment expressed toward addressing the issue of the uninsured. Appreciation was expressed for setting a table to allow this dialogue among various stakeholder groups.

Speaking on behalf of the Models Development workgroup, Hollis Turnham explained that it is necessary for Advisory Council members to read the entire document outlining the recommendations from the MDWG. In that document, the MDWG also discusses a commission. She further explained that in their document entitled "Getting from Here to There" the MDWG describes a phased-in plan that achieves 100% coverage for Michigan residents.

Advisory Council members requested two charts: 1) The number of people covered by Medicaid, as well as those who are eligible, but not enrolled; 2) Categories of the uninsured in the first column, next column listing those who would be covered under each of the MDWG phases, as well as those covered under Michigan First.

IX. Public Comment: None

X. Other Business/Meeting Evaluation: None

XI. Adjourn: The meeting adjourned at 4pm.

**Next Meetings:**            **February 22, 2006**  
                                 **10am to 4pm**  
                                 **Lake Ontario Room, State Library**

**March 15, 2006**  
**10:00am to 4pm**  
**Michigan Manufactures Assn.**